File with: lowa Ethics and Campaign Disclosure Board



JA ETMICS AND

510 E. 12 ^m , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073		ONS, SEE BACK OF FORM		7	22 MI 8: 37
		SUMMARY PAGE			
COMMITTEE NAME (Must be	same as on Statement of Org	anization)		FORM	
IMPORTANT Indicate by # type (1) Statewide/Legislative/Judge 5 (4) County Central Committee (5)	of committee you are reporting for: standing for Retention Candidate () County Candidate (6) City Candidate		ical	Por Office Us	
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	Logged in \$canned	
Office Sought		District (if Senate or House)		
ate reports are subject to possi		TELEPHONE	·	d 68A.401(3), II	ne candidate, for a
		REPORT FOR (1) ELECTI		ON-ELECTION	YEAR.
•	aport date)	Indicate	by #		
CHECK IF AMENDMENT T	O REPORT DATED		Local (Committees, ent	er Date of Election
Check if this is final (termin (You must continue t	ation) report and attach Notice o file reports until a DR-3 is file	of Dissolution Form DR-3. ed.)		y & Local Comm Election is held	ittees, enter County in
STATEM	ENT OF CASH ON HAN	ID			
committee This are	ning of the reporting period. (To bunt MUST be the same as the period or must be zero if this is			s <u>5</u> .	260.67
	Y TAKEN IN THIS PERIOD				
Schedule A: Cash C	ontributions total (Attach Sche	dule Λ) (*also see in-kind below) .		19	00,77
Schedule F: Loans	Received total (Attach Schedu	le F)		11	
Schedule H: Total S	ales of Campaign Property (Af	tach Schedule H)			
(Schedule	H applies to Candidates' Cor	mmittees On <u>iv)</u>			
		SUB-TOTAL	• · · · · · · · · · · · · · · · · · · ·	\$	
SUBTRACT TOTAL	MONEY SPENT THIS PERIO	a			4
Schedule B: Expend	fitures total (Attach Schedule I	3) (**also see debts and loans belo	ow)		61.44
Schedule F: Loan R	cpayments total (Attach Sched	dule F) ,			
CASH ON HAND at the end o	f this reporting period (if final n	eport balance must be zero)		\$	0
*UNPAID BILLS (From Sche	dule D - Attach Schedule D)			S	Ó
	·	redule E)			0
		dule F)			
CONSULTANT BREAKDOW			••••••	YES	NO
CANDIDATE COMMITTEES	•				
	PERTY (From Schedule H - A	ttach Schedule H\		S	
	mit a reconciled compains and	· · · · · · ·			W19

For instructions,	See	Bac	k of	Form
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Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
13/0621	
13100 21	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION CUMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNALED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLUSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACY THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11-30-07		Ipwa State Bant Box 1700 Iowa City IA60240		s, 18	
10-31-07	ID# CK#	Iown State Bank Exx 1700 Lowa City IA 52240		,59	
11-6-07	ID# CK#	De Airliner 225, Clinton Down Line 14 52240		100000	
11-26.07		Bo Jame's 118 E. Washington Towa City TA 52244		90000	
	ID# CK#				
	ID# CK#				
	CK#		SUB-TOTAL		

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by manage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE В

(Rev. 07/03)

MONETARY **EXPENDITURES**

CHECK THIS BOX IF **AMENDING FORM**

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization) 131201

<u> </u>	710C21				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOS (DESCRIBE TRAN		AMOUNT EXPENDED
11-08	ID# CK#	FOUR State Bank POBOX 1700 Town SHING PO 1450	Bank Fees		\$145,00
11-1-08		Tohnson Co. Auditor a153. Dubuque Ioua Lity DAS2240	torms		13.00
119-07	ID#	Johnson Co Aditor 9155, Dubuzne Towaciy IA JZZYD	torms		13.00
11-7-07		Student Health In Hative Task Force	donation	to PAC	4660,∞
10-30-07		Mailing Services 200 50th Ave Drsw Ceder Ropid JA 52404	Postcard M	Mailins	218200
11-7-07		Johnson Car, Auditor 415 S. Dubuque		•	16.50
[1-1:07	ID# CK#	Zephyr Copies 124 E. Washington Jana City FASDHO	copies		10.60
10-20	ID# CK#	Commorks and st. Committed	copyes		27.02

TOTAL (If last page of this schedule)

SUB-TOTAL

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedulc G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i),)

Page

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE	NAME (Musi	be same as on	Statement o	f Organization)
	Bloc	.21		

/	24112124			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	CHECK NUMBER			
	ID#	To a State Book	Checks	
9-18-07	ÇK#	Box 1700	Cricins	\$ 17,00
	ID#	Inua State Bank Tast		
	· ·	Gouse town Graphin	design	
1-22-08	CK#	Good town Graphin 310 Renosta Jour City, IA 52245	, 4	74.32
	ID#	7, 2, 3, 3, 3		
	CK#			
	ID#		***	
	CK#			
	ID#			
	CK#			
	ID#		· · · · · · · · · · · · · · · · · · ·	
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUBTOTAL	\$0127

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THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of cortain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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